

Parent/guardian consent for:



School: The Coopers' Company and Coborn School

Work experience from 15th July 2024 – 19th July 2024

Please confirm:

1. that you consent to your child attending a work experience placement. You acknowledge that BEP Group have ensured an appropriate Risk Assessment has been completed and the employer has confirmed that appropriate Employer Liability Insurance will be in place for the duration of the placement and that the organisation complies with all health and safety requirements. Any student that is found to be working not within the approved work experience placement site during the approved dates will have their work experience terminated and asked to come to school for the duration of work experience. Failure to do this will result in the student being marked as unauthorised and a penalty notice issued.
2. I understand it is my responsibility to ensure that the employer/s is /are aware of any special needs/medical conditions, disabilities, allergies or other factors that may affect the student whilst on work experience